## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

9792909-5359

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |                                                              |                                                                |                 |                               |              |                  |            | SMALL ENTITY TYPE   |                        | OR    | OTHER THAN<br>OR SMALL ENTITY |                        |  |
|--------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------|-----------------|-------------------------------|--------------|------------------|------------|---------------------|------------------------|-------|-------------------------------|------------------------|--|
| ТО                                                                       | TAL CLAIMS                                                   |                                                                | JEJ S           |                               |              |                  |            | RATE                | FEE                    |       | RATE                          | FEE                    |  |
| FO                                                                       | R                                                            |                                                                | NUMBER FILED    |                               | NUMBER EXTRA |                  |            | BASIC FEE           | 370.00                 | OR    | BASIC FEE                     | 740.00                 |  |
| то                                                                       | TAL CHARGEA                                                  | BLE CLAIMS                                                     | minus 20= 1     |                               | * 8          |                  |            | X\$ 9=              |                        | OR    | X\$18=                        | -                      |  |
| INDEPENDENT CLAIMS   1 minus 3 = * <                                     |                                                              |                                                                |                 |                               |              |                  |            | X42=                |                        | OR    | X84=                          |                        |  |
| MULTIPLE DEPENDENT CLAIM PRÉSENT                                         |                                                              |                                                                |                 |                               |              |                  |            | +140=               |                        | OR    | +280=                         | 280                    |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |                                                              |                                                                |                 |                               |              |                  |            |                     |                        | OR    | TOTAL                         | 1020                   |  |
|                                                                          | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) |                                                                |                 |                               |              |                  |            | SMALL ENTITY O      |                        |       | OTHER THAN<br>OR SMALL ENTITY |                        |  |
| AMENDMENT A                                                              |                                                              | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                      |                 | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
| NDN                                                                      | Total                                                        | * 6                                                            | Minus           | ** 6                          | 20           | =                |            | X\$ 9=              |                        | OR    | X\$18=                        |                        |  |
| AME                                                                      | Independent                                                  | *                                                              | Minus           | ***                           | 3            | =                | ] [        | X42=                |                        | OR    | X84=                          | -                      |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |                                                              |                                                                |                 |                               |              | <b>.</b>         | +140=      |                     | OR                     | +280= | ~                             |                        |  |
|                                                                          | . B                                                          |                                                                |                 |                               |              |                  | ,          | TOTAL<br>ADDIT. FEE |                        | OR    | TOTAL<br>ADDIT. FEE           |                        |  |
|                                                                          | •/                                                           | (Column 1)                                                     |                 | (Colu                         |              | (Column 3)       |            |                     |                        |       |                               |                        |  |
| AMENDMENT B                                                              | Ū.                                                           | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                      |                 | HIGH<br>NUM<br>PREVI<br>PAID  | BER          | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
| NDN                                                                      | Total                                                        | * B                                                            | Minus           | *2                            | O            | = /              |            | X\$ 9=              |                        | OR    | X\$18=                        |                        |  |
| AME                                                                      | Independent                                                  | * /                                                            | Minus *** 3 =   |                               |              | = /              | +          | X42=                |                        | OR    | X84=                          |                        |  |
|                                                                          | TITOTTTEGE                                                   |                                                                | Jen Le Dei      | LINDLIN                       |              | <u> </u>         | <b>-</b> [ | +140=               |                        | OR    | +280=                         |                        |  |
|                                                                          |                                                              |                                                                |                 |                               |              |                  | 4          | TOTAL<br>ADDIT. FEE |                        | OR    | TOTAL<br>ADDIT. FEE           |                        |  |
| محسو                                                                     |                                                              | (Column 1)                                                     |                 | (Colu                         |              | (Column 3)       |            |                     |                        |       |                               | !                      |  |
| AMENDMENT C                                                              |                                                              | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                      | 500             |                               |              | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
| NDM                                                                      | Total                                                        | *                                                              | Minus           | **                            |              | =                |            | X\$ 9=              |                        | OR    | X\$18=                        |                        |  |
| <b>AME</b>                                                               | Independent                                                  | *                                                              | Minus           | ***                           |              | =                | 1          | X42=                |                        | OR    | X84=                          |                        |  |
| L                                                                        | FIRST PRESE                                                  | NTATION OF M                                                   | ULTIPLE DEF     | ENDEN.                        | TCLAIM       |                  | ┧┟         | +140=               |                        |       | +280=                         |                        |  |
|                                                                          | If the entry in colu                                         | TOTAL                                                          |                 | OR                            | TOTAL        |                  |            |                     |                        |       |                               |                        |  |
| ***                                                                      | If the "Highest Nu                                           | mber Previously P<br>Imber Previously P<br>Inber Previously Pa | aid For" IN THI | S SPACE                       | is less that | an 3, enter "3." |            | DDIT. FEE           | ropriate box           |       | ADDIT. FEE                    |                        |  |

Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

10/05/267

|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CLAIMS AS                                                                                                                 | S FILED -                                                                        | PARTI                                                                                                                  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                             |          | SMALL E                                                                        | NTITY                  |               | OTHER                                                                     | THAN                   |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------|--------------------------------------------------------------------------------|------------------------|---------------|---------------------------------------------------------------------------|------------------------|
| TOTAL OLAHAD      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                           | (Column                                                                          | 1)                                                                                                                     | (Colu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ımn 2)                                                                                      |          | TYPE [                                                                         |                        | OR            |                                                                           |                        |
| TOTAL CLAIMS      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                           |                                                                                  |                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                             | RATE     | FEE                                                                            | 1 !                    | RATE          | FEE                                                                       |                        |
| FC                | )R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                           | NUMBER                                                                           | FILED                                                                                                                  | NUMB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ER EXTRA                                                                                    |          | BASIC FEE                                                                      | \$375                  | OR            | BASIC FEE                                                                 | \$750                  |
| TC                | TẠL CHARGEA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ABLE CLAIMS                                                                                                               | mir                                                                              | nus 20=                                                                                                                | *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                             |          | X\$ 9=                                                                         |                        | OR            | X\$18=                                                                    |                        |
| INC               | DEPENDENT CL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | LAIMS                                                                                                                     | mi                                                                               | inus 3 =                                                                                                               | *<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                             |          | X42=                                                                           |                        | OR            | X84≃                                                                      |                        |
| ML                | ILTIPLE DEPEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NDENT CLAIM PI                                                                                                            | RESENT                                                                           | .*                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                             |          | +140=                                                                          |                        | OŘ            | +280=                                                                     | <u> </u>               |
| * If              | the difference                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | e in column 1 is                                                                                                          | less than ze                                                                     | ero, enter                                                                                                             | "0" in c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | olumn 2                                                                                     |          | TOTAL                                                                          |                        | OR            |                                                                           |                        |
|                   | С                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | LAIMS AS A                                                                                                                | MENDEL                                                                           | ) - PAR                                                                                                                | TII                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                             |          |                                                                                | Ĺ                      | ]             | OTHER                                                                     | THAN                   |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Column 1)                                                                                                                |                                                                                  | (Colum                                                                                                                 | nn 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (Column 3)                                                                                  |          | SMALL                                                                          | ENTITY                 | OR            | SMALL                                                                     |                        |
| ENT               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                                 |                                                                                  | HIGHE<br>NUMB<br>PREVIO<br>PAID F                                                                                      | BER<br>DUSLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PRESENT<br>EXTRA                                                                            |          | RATE                                                                           | ADDI-<br>TIONAL<br>FEE |               | RATE                                                                      | ADDI-<br>TIONAL<br>FEE |
| <b>AMENDMENT</b>  | Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | . 5                                                                                                                       | Minus                                                                            | ** 2                                                                                                                   | 29                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | =                                                                                           |          | X\$ 9=                                                                         | -                      | OR            | X\$18=                                                                    | t                      |
| AME               | Independent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | * 1.                                                                                                                      | Miņus                                                                            |                                                                                                                        | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | =                                                                                           | $\vdash$ | X48=                                                                           |                        | OR            | X84=                                                                      |                        |
| <u> </u>          | FINOI FINEUL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ENTATION OF MU                                                                                                            | JLI IPLE DE                                                                      | <sup>3</sup> ENDEINI                                                                                                   | CLAim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                             | ۱ ،      | +140=                                                                          |                        | OR            | <del>†2</del> 80=                                                         |                        |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                           |                                                                                  |                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                             |          | TOTAL                                                                          |                        |               | TOTAL                                                                     |                        |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Column 1)                                                                                                                |                                                                                  | 142                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (0-1                                                                                        | •        | ADDIT. FEE                                                                     | <del></del>            | · · ·         | ADDIT. FEE <b>L</b>                                                       |                        |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                           |                                                                                  | (Colum                                                                                                                 | nn 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (Column 3)                                                                                  |          |                                                                                |                        |               |                                                                           |                        |
| ENT B             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                                 |                                                                                  | (Colum<br>HIGHE<br>NUMB<br>PREVIO<br>PAID F                                                                            | EST<br>BER<br>OUSLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PRESENT<br>EXTRA                                                                            |          | RATE                                                                           | ADDI-<br>TIONAL<br>FEE |               | RATE                                                                      | ADDI-<br>TIONAL<br>FEE |
| NDMENT B          | Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CLAIMS<br>REMAINING<br>AFTER                                                                                              | Minus                                                                            | HIGHE<br>NUMB<br>PREVIO                                                                                                | EST<br>BER<br>OUSLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PRESENT                                                                                     |          | RATE<br>X\$ 9=                                                                 | TIONAL                 | OR            | RATE<br>X\$18=                                                            | TIONAL                 |
| AMENDMENT B       | Independent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CLAIMS REMAINING AFTER AMENDMENT *                                                                                        | Minus                                                                            | HIGHE<br>NUMB<br>PREVIO<br>PAID F                                                                                      | EST<br>BER<br>DUSLY<br>FOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | PRESENT<br>EXTRA                                                                            |          |                                                                                | TIONAL                 | OR<br>OR      |                                                                           | TIONAL                 |
| AMENDMENT B       | Independent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                                 | Minus                                                                            | HIGHE<br>NUMB<br>PREVIO<br>PAID F                                                                                      | EST<br>BER<br>DUSLY<br>FOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | PRESENT<br>EXTRA                                                                            |          | X\$ 9=                                                                         | TIONAL                 | l             | X\$18=                                                                    | TIONAL                 |
| AMENDMENT B       | Independent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CLAIMS REMAINING AFTER AMENDMENT *                                                                                        | Minus                                                                            | HIGHE<br>NUMB<br>PREVIO<br>PAID F                                                                                      | EST<br>BER<br>DUSLY<br>FOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | PRESENT<br>EXTRA                                                                            |          | X\$ 9=<br>X42=<br>+140=<br>TOTAL                                               | TIONAL                 | OR<br>OR      | X\$18=<br>X84=<br>+280=                                                   | TIONAL                 |
| AMENDMENT B       | Independent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CLAIMS REMAINING AFTER AMENDMENT  * * * * * COOLUMN 1)                                                                    | Minus                                                                            | HIGHE<br>NUMB<br>PREVIO<br>PAID F<br>**<br>***<br>PENDENT                                                              | EST<br>BER<br>DUSLY<br>FOR<br>CLAIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PRESENT<br>EXTRA                                                                            |          | X\$ 9=<br>X42=<br>+140=                                                        | TIONAL                 | OR<br>OR      | X\$18=<br>X84=<br>+280=                                                   | TIONAL                 |
|                   | Independent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CLAIMS REMAINING AFTER AMENDMENT  * * * * * * * * * * * * * * * * * *                                                     | Minus                                                                            | HIGHE<br>NUMB<br>PREVIO<br>PAID F                                                                                      | CLAIM  CLAIM  TO 2)  EST  BER  BUSLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PRESENT<br>EXTRA                                                                            | A        | X\$ 9=<br>X42=<br>+140=<br>TOTAL<br>ADDIT. FEE                                 | TIONAL                 | OR<br>OR      | X\$18=<br>X84=<br>+280=                                                   | TIONAL                 |
|                   | Independent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CLAIMS REMAINING AFTER AMENDMENT  *  *  COlumn 1) CLAIMS REMAINING AFTER                                                  | Minus                                                                            | HIGHE NUMB PREVIO PAID F  ***  COlum HIGHE NUMB PREVIO                                                                 | CLAIM  CLAIM  TO 2)  EST  BER  BUSLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PRESENT EXTRA  =  (Column 3)                                                                | A        | X\$ 9=<br>X42=<br>+140=<br>TOTAL<br>ADDIT. FEE                                 | ADDI-<br>TIONAL<br>FEE | OR<br>OR      | X\$18=<br>X84=<br>+280=<br>TOTAL<br>ADDIT. FEE                            | ADDI-<br>TIONAL        |
|                   | Independent FIRST PRESE  Total Independent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | CLAIMS REMAINING AFTER AMENDMENT  *  *  COlumn 1) CLAIMS REMAINING AFTER AMENDMENT  *  *                                  | Minus  Minus  Minus  Minus                                                       | HIGHE NUMB PREVIO PAID F  **  ***  (Colum HIGHE NUMB PREVIO PAID F  **  ***                                            | CLAIM  CLAIM  TO 2)  EST  BER  BUSLY  FOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PRESENT EXTRA                                                                               | A        | X\$ 9=<br>X42=<br>+140=<br>TOTAL<br>NDDIT. FEE                                 | ADDI-<br>TIONAL<br>FEE | OR OR         | X\$18=  X84=  +280=  TOTAL ADDIT. FEE                                     | ADDI-<br>TIONAL        |
|                   | Independent FIRST PRESE  Total Independent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | CLAIMS REMAINING AFTER AMENDMENT  *  *  *  COlumn 1) CLAIMS REMAINING AFTER AMENDMENT  *                                  | Minus  Minus  Minus  Minus                                                       | HIGHE NUMB PREVIO PAID F  **  ***  (Colum HIGHE NUMB PREVIO PAID F  **  ***                                            | EST BER DUSLY FOR  CLAIM  The second of the  | PRESENT EXTRA  =  (Column 3)  PRESENT EXTRA                                                 | A        | X\$ 9=  X42= +140= TOTAL ADDIT. FEE  RATE  X\$ 9=  X42=                        | ADDI-<br>TIONAL<br>FEE | OR OR         | X\$18=  X84=  +280=  TOTAL ADDIT. FEE  RATE  X\$18=  X\$4=                | ADDI-<br>TIONAL        |
| AMENDMENT C       | Independent FIRST PRESE  Total Independent FIRST PRESE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CLAIMS REMAINING AFTER AMENDMENT  *  *  COlumn 1) CLAIMS REMAINING AFTER AMENDMENT  *  *  *  *  *  *  *  *  *  *  *  *  * | Minus  Minus  Minus  JLTIPLE DEF                                                 | HIGHE NUMB PREVIO PAID F  **  ***  COlum HIGHE NUMB PREVIO PAID F  **  ***  PENDENT                                    | EST BER DUSLY FOR  CLAIM  The state of the s | PRESENT EXTRA  =  (Column 3)  PRESENT EXTRA  =                                              | A        | X\$ 9=  X42= +140=  TOTAL ADDIT. FEE  RATE  X\$ 9=  X42=  +140=                | ADDI-<br>TIONAL<br>FEE | OR OR         | X\$18=  X84= +280=  TOTAL ADDIT. FEE  RATE  X\$18=  X\$4= +280=           | ADDI-<br>TIONAL        |
| * * * AMENDMENT C | Independent FIRST PRESE  Total Independent FIRST PRESE  f the entry in colur the "Highest Nur the "Highest N | CLAIMS REMAINING AFTER AMENDMENT  *  *  COlumn 1) CLAIMS REMAINING AFTER AMENDMENT  *  *                                  | Minus  JLTIPLE DEF  Minus  Minus  JLTIPLE DEF  ale entry in colurate For IN THIS | HIGHE NUMB PREVIO PAID F  **  ***  COlum HIGHE NUMB PREVIO PAID F  **  ***  PENDENT  mn 2, write S SPACE is S SPACE is | EST BER DUSLY FOR  CLAIM  CLAIM  "0" in colu less than                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PRESENT EXTRA  =  (Column 3)  PRESENT EXTRA  =  =  umn 3. 1 20, enter "20." 1 3, enter "3." |          | X\$ 9=  X42= +140= TOTAL ADDIT. FEE   RATE  X\$ 9=  X42= +140= TOTAL DDIT. FEE | ADDI-<br>TIONAL<br>FEE | OR OR OR OR A | X\$18=  X84= +280= TOTAL ADDIT. FEE  X\$18=  X\$4= +280= TOTAL ADDIT. FEE | ADDI-<br>TIONAL        |

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

|                                                                                     |                                                                                                                                                                                                                         |                                           |                  |                               |                          |                    | <del> </del>        |                        |           |                  |                          |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------|-------------------------------|--------------------------|--------------------|---------------------|------------------------|-----------|------------------|--------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                      |                                                                                                                                                                                                                         |                                           |                  |                               |                          |                    | SMALL EI            | YTITY                  | OR        | OTHER<br>SMALL   |                          |
| T                                                                                   | OTAL CLAIMS                                                                                                                                                                                                             |                                           | ·                |                               |                          |                    | RATE                | FEE                    | ] [       | RATE             | FEE                      |
| FC                                                                                  | DR                                                                                                                                                                                                                      |                                           | NUMBER FILED     |                               | NUMBER EXTRA             |                    | BASIC FEE           | 385.00                 | OR        | BASIC FEE        | 770.00                   |
| TC                                                                                  | TAL CHARGE                                                                                                                                                                                                              | ABLE CLAIMS                               | minus 20= '      |                               |                          |                    | X\$ 9=              |                        | OR        | XS18=            |                          |
| INE                                                                                 | DEPENDENT C                                                                                                                                                                                                             | LAIMS                                     | minus 3 = *      |                               |                          |                    | X43=                |                        | OR        | X86=             |                          |
| MU                                                                                  | JLTIPLE DEPEN                                                                                                                                                                                                           | NDENT CLAIM PI                            | RESENT           |                               |                          |                    | +145=               |                        | OR        | +290=            |                          |
| * 11                                                                                | the difference                                                                                                                                                                                                          | in column 1 is                            | less than ze     | ero, enter                    | o. enter "0" in column 2 |                    |                     |                        | OR        | TOTAL            |                          |
|                                                                                     | С                                                                                                                                                                                                                       |                                           | MENDED - PART II |                               |                          |                    | SMALL               | ENTITY                 | OR        | OTHER<br>SMALL E |                          |
|                                                                                     |                                                                                                                                                                                                                         | (Column 1)                                | 1                | (Colur                        |                          | (Column 3)         | SWALL               |                        | UN<br>I i | SIMALL           |                          |
| AMENDMENT A                                                                         |                                                                                                                                                                                                                         | REMAINING<br>AFTER<br>AMENDMENT           |                  | MUME<br>PREVIO<br>PAID        | BER<br>DUSLY             | ENTRA              | RATE                | AUDI<br>TIONAL<br>FEE  |           | RATE≽            | ADDI<br>TIONAL<br>FEE    |
| ZOME                                                                                | Total                                                                                                                                                                                                                   | . 5                                       | Minus            | 20                            | 7                        | =                  | X\$ 9=              |                        | OR        | X\$18=           |                          |
| AME                                                                                 | Independent                                                                                                                                                                                                             | . 1                                       | Minus            | ··· 3                         |                          |                    | X43::               |                        | OR        | X86=             |                          |
| _                                                                                   | FIRST PRESE                                                                                                                                                                                                             | NTATION OF MU                             | JLTIPLE DEF      | PENDENT                       | CLAIM                    |                    | . 1 16              |                        | 0.5       | +290=            |                          |
|                                                                                     |                                                                                                                                                                                                                         |                                           |                  |                               |                          |                    | +145=               |                        | OR        | TOTAL            |                          |
|                                                                                     | ***                                                                                                                                                                                                                     |                                           |                  |                               |                          |                    | ADDIT FEE           | L                      | UH        | ADDIT FEE        | L                        |
|                                                                                     |                                                                                                                                                                                                                         | (Column 1)                                |                  | (Colur<br>HIGH                |                          | (Column 3)         |                     | ,                      |           |                  |                          |
| AMENDMENT B                                                                         |                                                                                                                                                                                                                         | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | PREVIO<br>PAID                | BER<br>PUSLY             | PRESENT<br>EXTRA   | RATE                | ADDI-<br>TIONAL<br>FEE |           | RATE             | ADDI-<br>TIONAL<br>FEE   |
| ΣON                                                                                 | Total                                                                                                                                                                                                                   | *                                         | Minus            | **                            |                          | -                  | X\$ 9=              |                        | OR        | XS18=            |                          |
| \ME                                                                                 | Independent                                                                                                                                                                                                             | *                                         | Minus            | ***                           |                          | =                  | X43=                |                        | OR        | X86=             | -                        |
|                                                                                     | FIRST PRESE                                                                                                                                                                                                             | NTATION OF MU                             | JLTIPLE DEF      | PENDENT                       | CLAIM                    |                    | - 15                |                        |           | +290=            |                          |
|                                                                                     |                                                                                                                                                                                                                         |                                           |                  | ٠.                            |                          |                    | +145=               |                        | OR        | TOTAL            |                          |
|                                                                                     |                                                                                                                                                                                                                         |                                           |                  |                               |                          |                    | TOTAL<br>ADDIT FEE  |                        | OR.       | ADDIT FEE        |                          |
|                                                                                     |                                                                                                                                                                                                                         | (Column 1)                                |                  | (Colur                        | nn 2)                    | (Column 3)         |                     |                        |           |                  |                          |
| ENT C                                                                               | `                                                                                                                                                                                                                       | CLAIMS REMAINING AFTER AMENDMENT          | ·                | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY             | PRESENT<br>EXTRA   | RATE                | AUDI-<br>TIONAL<br>FEE |           | RATE             | - ADDI-<br>TIONAL<br>FEE |
| NDV                                                                                 | Total                                                                                                                                                                                                                   | <b>+</b>                                  | Minus            | k+ '                          |                          | =                  | X\$ 9=              |                        | OR        | X\$18=           |                          |
| AMENDMENT                                                                           | Independent                                                                                                                                                                                                             | *                                         | Minus            | A:***                         |                          | =                  | X43=                |                        | OR        | X86=             | ·                        |
| `                                                                                   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                          |                                           |                  |                               |                          | +145=              |                     |                        | +290=     |                  |                          |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                                                                                                                                                                                                                         |                                           |                  |                               |                          |                    |                     |                        | OR        | TOTAL            |                          |
| **                                                                                  | f the "Highest Nu                                                                                                                                                                                                       | mber Previously Pa                        | iid For" IN THI  | S SPACE i                     | s less tha               | in 20, enter "20." | TOTAL<br>ADDIT, FEE | <u></u>                | OR        | ADDIT. FEE       | <u> </u>                 |
|                                                                                     | **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                           |                  |                               |                          |                    |                     |                        |           |                  |                          |